



S.T.O.M.P. APPLICATION

Scottsdale Teens On a Mission for Progress

Please complete both sides of this application in its entirety and sign the last page. List the type of assistance needed on the next page.

Date:

Head of Household Name:	Date of Birth:
Spouse's Name:	Date of Birth:
Address: (Number) (Street)	(City) (State) (Zip)
Phone Number:	Alternate Phone Number:
Do you own any other real estate property? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list address:	
Have you received a Notice of Violation from Code Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list name of Code Enforcement Officer:	
How did you hear about the S.T.O.M.P. Program?	

Head of Household Social Security #:	Spouse's Social Security #:		
Please list the <u>total</u> number of persons living in the household:			
Please list the names, relationships, social security numbers and dates of birth of <u>all</u> other adults (18 or older) in the household:			
Name:	Relationship:	Social Security #:	Date of Birth:
1.			
2.			

Approximate combined gross income (<i>before taxes</i>) of <u>all</u> persons living in the home: \$ <input type="text"/> <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Age of Home:	How long have you owned <u>and</u> lived in the home as your primary residence?
Tax Parcel #:	Is your home a co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home a mobile/manufactured home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," do you own the real property on which the home is located? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you operate a business out of your home?

☐ Yes ☐ No If "Yes," please give name and nature of business.

Are you employed by or a relative of any employee of the City of Scottsdale or any non-profit?
☐ Yes ☐ No If "Yes," please list name, relationship, agency, department and dates of employment.

Name: Relationship: Agency: Department: Dates:

Please certify each of the following statements by initialing on the line next to the statement.
(If you cannot certify to each of the following you may not qualify for assistance)

A. I have owned and occupied the home listed above for the past _____ (initial)
year or longer.

B. I understand the City of Scottsdale may obtain a title and credit _____ (initial)
report to verify qualification.

Credit and title reports may be processed on each person and their property receiving rehabilitation. If IRS tax liens or tax certificates are found, your application will automatically be disqualified, unless written satisfaction of lien is presented to the Program Coordinator.

Please check the type of assistance needed:

- ☐ Overgrown grass/weeds
- ☐ Bare dirt areas
- ☐ Converting grass landscape to rock landscape
- ☐ Painting of trim, fascia
- ☐ Trim overgrown trees/bushes
- ☐ Other _____

I certify that all the information I have given and will give in connection with this application, either in writing or orally is true and correct. I understand that false, fictitious or fraudulent statements, or representations to defraud the United States Government of funds voids my application for assistance, as is punishable by fines not to exceed \$10,000 or imprisonment for not more than five years, or both under U.S.C. Title 18, Sec. 1001. I understand that it is the obligation of the City of Scottsdale to prosecute violations.

Signature of Applicant: _____ Date

Signature of Co-Applicant: _____ Date

Please return completed application, liability release form and financial verification documents to:

Joy Racine
C/O Via Linda Senior Center
10440 E. Via Linda
Scottsdale, AZ 85258

If you have any questions, you may contact Joy Racine at 480-312-8458.



S.T.O.M.P. Revitalization Program

Program Guidelines

Please read the following statements below and initial beside each of them.

_____ I understand that STOMP is not a beautification program, but rather a program that is designed to bring a yard/home back up to the standards set forth by Code Enforcement.

_____ I understand that STOMP is not able to use any chemicals on my property. This includes fertilizer and weed killers. Therefore it is my responsibility to apply these items, as applicable or necessary for completion of the job.

_____ I understand that STOMP is coming to my home on a one-time basis, per fiscal year, and that it is not a maintenance program or an entitlement program. I understand that I am responsible for the upkeep of the yard/home once STOMP completes its designated work.

_____ I understand that STOMP may come to my home more than once in a fiscal year (July 1 – June 30), but only if the subsequent times relate to a different issue and the project does not exceed the maximum cost allocation.

_____ Requests for STOMP assistance, in future fiscal years, is evaluated based on my compliance with the action plan outlined in the "Certificate of Work Completion" to be signed by me upon completion of work performed in original contract for services.

_____ If any changes to the property occur between the time of the initial home visit and the first work day, I will notify the STOMP coordinator immediately so that any amendments may be made to the initial "Notice to Proceed".

_____ I understand that STOMP is providing this service free of charge.

HOMEOWNER'S SIGNATURE

DATE

STOMP REVITALIZATION COORDINATOR
Joy Racine

DATE

Income Questionnaire

Name of Participant _____
Address _____ Scottsdale, AZ _____

We need to know about the income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Check **YES** for a particular type of income in any household member receives it. Check **NO** only if no member of your household receives the particular type of income.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully make false statements or misrepresentations of any material fact involving the use or obtaining of federal funds.

1. Employment Income

(This does not include employment income of children younger than 18 or live-in aides)

Wages ☐ Yes ☐ No
Salaries ☐ Yes ☐ No
Overtime Pay ☐ Yes ☐ No
Commissions ☐ Yes ☐ No
Fees ☐ Yes ☐ No
Tips ☐ Yes ☐ No
Bonuses ☐ Yes ☐ No
Any other amounts adult household members earn from working for other people or from their own business ☐ Yes ☐ No

2. Benefit Payments

(This includes lump-sum payments received because of delays in processing benefits, but no lump-sum payments of Social Security or Supplemental Security Income)

Social Security ☐ Yes ☐ No
Supplemental Security Income (SSI) ☐ Yes ☐ No
Worker's Compensation ☐ Yes ☐ No
Disability pay or benefits ☐ Yes ☐ No
Severance Pay ☐ Yes ☐ No
Annuities ☐ Yes ☐ No
Insurance Policy/Payments ☐ Yes ☐ No
Pensions ☐ Yes ☐ No
Retirement Fund Benefits ☐ Yes ☐ No
Death Benefits ☐ Yes ☐ No
Any other benefit payments (e.g. *Veteran's Disability, black lung sick benefits, dependent indemnity compensation*) ☐ Yes ☐ No

3. Welfare Assistance

(This includes lump-sum payments received because of delays in processing benefits, but no grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.)

☐ Yes ☐ No

4. Alimony and/or Child Support

(This includes adoption assistance payments)

☐ Yes ☐ No

5. Interest, dividends, and other income from household assets.

Interest from bank accounts or bonds ☐ Yes ☐ No
Dividends from stocks or mutual funds ☐ Yes ☐ No
Money from renting household assets ☐ Yes ☐ No
Any other interest, dividends or rent ☐ Yes ☐ No

6. Lottery Winnings paid in periodic payments

☐ Yes ☐ No

7. Money or gifts regularly given by person not living in the unit

(This includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include returning amounts paid directly to a child care provider, gifts of groceries, utility rebates paid to senior citizens, payments received for the care of foster children, or gifts received on a nonrecurring basis)

☐ Yes ☐ No

8. Any other Source of Income?

☐ Yes ☐ No

IF YES, please specify:

I hereby certify that all of the above information is true and correct to the best of my knowledge:

Signature of Head of Household

Date

**RELEASE OF LIABILITY-EMPLOYER
SCOTTSDALE TEEN EMPLOYMENT PROGRAM
(INTERGENERATIONAL REVITALIZATION)**

The City of Scottsdale, through the revitalization efforts, provides teens with work opportunities in the community through the STOMP Program (Scottsdale Teens On a Mission for Progress). The Intergenerational Revitalization Program is an element of the Program and is designed to assist Scottsdale seniors in performing tasks on the exterior portion of their home (e.g. landscaping, painting).

The teens participating in the Intergenerational Revitalization Program are part-time temporary City of Scottsdale employees, who have expressed an interest in performing the household tasks ("Tasks") you wish to have undertaken. The City of Scottsdale, in its reasonable judgment, believes that teens selected to assist you have the skills and abilities to perform the Tasks. The City will compensate the teens for their work.

If you wish to have work performed by teens participating in the STOMP program, you must read, understand and agree to the following:

I have read and acknowledge that I understand the information in the foregoing information and by signing below, I hereby agree to defend, indemnify and hold harmless the City of Scottsdale, its agents, officers, officials and employees, from and against any claims, damages, losses and expenses, including attorneys fees and court costs, resulting from, relating to, or arising from having work performed through the Intergenerational Revitalization Program. I hereby certify that I am authorized and have legal capacity to execute this Release.

Signature of property owner or authorized agent

Date: _____

Printed name of property owner or authorized agent

Address of property where work is to be performed